



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P11893 1. Entity Name APPALACHIAN CENTRAL CORPORATION	
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Principal Place of Business 1333 THIRD AVENUE SOUTH NAPLES, FL 34102 US	Mailing Address 1333 THIRD AVENUE SOUTH NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE

		
05012007	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-2484768	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALLEN, ARTHUR L.
 1333 THIRD AVENUE SOUTH
 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

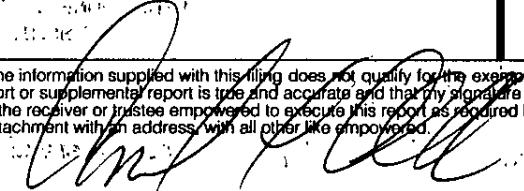
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 05/23/07-80098-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	ALLEN, ARTHUR L.
STREET ADDRESS	1333 THIRD AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	ALLEN, ARTHUR L.
STREET ADDRESS	1333 THIRD AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	S
NAME	FARQUHAR, ROBERT N.
STREET ADDRESS	900 TALBOTT TOWER
CITY-ST-ZIP	DAYTON, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Arthur L. Allen** 4/30/07 239-435-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #